SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58

Washburn, WI 54891 (715) 373-6138

Par

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



Bayfield Co. Zoning Dent.

	Permit #:	19-0232
	Date:	7-23-19
ENTERED	Amount Paid:	
	Refund:	

Town of Cable - PO Box 476 Cable W; 54821 Total Cell Phone: Cell Phone: Town of: Contractor: Contractor Phone: Plumber: Plumber: Plumber: Plumber Phone: Same Same PROJECT Local Description: (Use Tax Statement) Same Same Same	Checks are made paya	able to: Ba	yfield Co	unty Zoning D	epar	tment.		LICANT.	nung	g Dept.			FILL OUT	IN IN	K (NO PE	NCIL)	
Total Cable		EQUEST	ED→	☐ LAND	US	E 🗆 SA			×	CONDIT				USE	□ B.O.		
Accessory Bullating Survey of Survey	Owner's Name:	of	Ca	eble.	-	E	PC	Box 4	17	16			_	321		715-7	98-3584
Contractor Phone: Plumber Phone: P	10/	_	Gol	C RA			City/	state/Zip:		548	21						SO-1/1
Property/Land within 1000 feet of filter, Stream outcomerand Section 22 , Township	Contractor:	7.0	145	100			Cont	ractor Phone:	T	Plumber:	,					0	Phone:
Shorteland Secretary Sec	Authorized Agent: (F	Person Signi	ing Applic	ation on behalf	of O	wner(s))	Agen	t Phone:	+	Agent Mail	ing Add	dress (in	clude City/State	/Zip):		Written	Authorization
Tax Dec Decoration Use Tax Statement Tax Dec Decoration Use Tax Statement Tax Decoration Decoration Tax Decoration Decoration Tax Decoration Decoration Tax Decoration Decoration Decoration Tax	Bob La	nor					Sa	me		San	ne						
Section 2		Legal I	Descript	:ion: (Use Ta	ıx Sta	atement)			7					Reco	rded Doci	ıment: (Sh	owing Ownership)
Section Township 7.2 N, Range W With Section With Section With Wit	elin NW1/4, S	E 1	/4	Gov't Lot		Lot(s)	CSM	Vol & Page	CSI	M Doc#	Lot(s	s) No.	Block(s) No.	Subd	ivision:		
Shoreland Tree or Landward side of Floodplain? Types-continue Distance Structure is from Shoreline: Types-continue	Section <u>22</u>	, Towr	nship	<u>43</u> n, ra	ange	_7_	w	Town of:	b/e)				Lot S	ize	Acrea	ige 6
Value at Time of Completion Project # of Stories Foundation # of Sewer/Sanitary System Sewer/Sanitary System Sewer/Sanitary System Sewer/Sanitary System Sewer/Sanitary System Sewer/Sanitary System Sanitary Sewer/Sanitary S	Charaland	Creek									e Stru	cture is					
Value at Time of Completion	□ Snoreland →	☐ Is Property/Land within 1000 feet of						-	→		e Stru	cture is					
of Completion include on a control of the foliation of th	XNon-Shoreland																
New Construction	of Completion * include donated time &	Project # of Stor					ries	es Foundation			oms	Sewer/Sanitary Sy				m	
Conversion 2-Story 3 Sanitary (Exists) Specify Type: Relocate (existing bidg) Privy (Pit) O Vaulted (min 200 gallon) Privy (Pit) Valled (min 200 gallon) Privy (min 200 gallon	material	New	v Const	ruction		1-Story		Baseme	nt	1							City
Relocate (exising bidg) Run a Business on Property Vear Round Run a Business on Run a Busines	\$						+ Loft	Founda	tion								
Property Year Round Compost Tollet None	70-				-	2-Story		pup								n 200 gall	
Existing Structure: (if permit being applied for is relevant to it) Proposed Construction: Proposed Use Proposed Structure Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) With 1 Proposed Structure Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) With 1 Proposed Structure Residence (i.e. cabin, hunting shack, etc.) With 2 Proposed Structure Residence (i.e. cabin, hunting shack, etc.) With 2 Proposed Structure With 1 Proposed Structure Residence (i.e. cabin, hunting shack, etc.) With 2 Proposed Structure With 3 Proposed Structure With 4 Proposed Structure Residence (i.e. cabin, hunting shack, etc.) With 4 Proposed Structure With 4 Proposed Structure With 4 Proposed Structure (i.e. x) With 1 Proposed Structure Width Width Residence (i.e. cabin, hunting shack, etc.) (i.e. x) With 2 Proposed Structure With 4 Proposed Structure (i.e. x) With 1 Proposed Structure Width Residence (i.e. cabin, hunting shack, etc.) (i.e. x) With 2 Proposed Structure Width Residence (i.e. cabin, hunting shack, etc.) (i.e. x) With 1 Proposed Structure Width Residence (i.e. cabin, hunting shack, etc.) (i.e. x) With 2 Proposed Structure Width Residence (i.e. cabin, hunting shack, etc.) (i.e. x) With 2 Proposed Structure Width Residence (i.e. cabin, hunting shack, etc.) With 2 Proposed Structure Dimensions Square Footage I (x x) With 12 Proposed Square Square Footage Square Footage I (x x) With 12 Proposed Square Square Footage Sq				ness on	1										ntract)		
Proposed Use Proposed Use Principal Structure (first structure on property) Residential Use Principal Structure (first structure on property) Residential Use With Loft With Loft With 2 Porch With 3 Porch With 2 Porch With 3 Porch With 4 Deck With 2 Porch With 4 Deck With 4 W		1 at		basin				Year Ro	und			2		t			
Proposed Use Proposed Use Principal Structure (first structure on property) Residential Use Principal Structure (first structure on property) Residential Use With Loft With Loft With 2 Porch With 3 Porch With 2 Porch With 3 Porch With 4 Deck With 2 Porch With 4 Deck With 4 W	Existing Structure	e: (if per	mit beir	ng applied fo	r is r	relevant to	it)	Length:				Widt	h:	,	н	eight:	
Principal Structure (first structure on property)				0-77					L	1/4		_		4			P/A
Residential Use Residential Use	Proposed Us	se	1											ı		ons	
Residential Use with Loft (erty	/)				()	
with (2nd) Porch (22100110	_			,, 550.1						ì	19.90)	
With a Deck	□ Residential	Use			_									()	
With (2nd) Deck														1)	
Commercial Use with Attached Garage (.e				(-)	2 .
Mobile Home (manufactured date)	☐ Commercia	l Use					0 1911-03/0	arage						(Х)	
Addition/Alteration (specify)				Bunkhou	se v	v/ (□ sani	tary, <u>or</u>	☐ sleeping qu	arter	rs, <u>or</u> 🗆 coo	oking 8	& food p	rep facilities)	(Х)	
Accessory Building (specify) (X) Accessory Building Addition/Alteration (specify) (X) Special Use: (explain) Expand grave if (X) Other: (explain) (X) Other: (explain) I(w) and (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Date				Mobile H	om	e (manufa	ctured o	late)						()	
Accessory Building Addition/Alteration (specify) Accessory Building Addition/Alteration (specify) (M Municipal I	Ice		Addition	/Alt	eration	(specify							()	
Special Use: (explain)	w iviunicipal t	Accessory building (specify)									()				
FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Owner(s):				Accessor	у Вс	uilding Ac	ldition	/Alteration (s	pecif	fy)				(Х)	
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Owner(s):	(are) responsible for th result of Bayfield Coun	e detail and nty relying or	accuracy on this infor	any accompanyin of all information mation I (we) an	ng info I (we n (are)	ormation) has) am (are) pro	been exam viding and	nined by me (us) and that it will be relied	to the	e best of my (or by Bayfield Co u	ur) know unty in d	rledge and letermining	belief it is true, corr g whether to issue a	ect and o permit.	l (we) furthe	r accept liabi	lity which may be a
THE LIBERT ALTERNATION OF TAMORES DESIGN ON THE LIBERT AND LAWREST THIRS, CONTROL THE AUTHORITZATION MILES ACTOMICATION I	Owner(s):					Owners	et elen s	lottoric) of auth	20-1-	ation must -	occorr.	any thi-	application	Da	ate		

Authorized Agent: signing of behalf of the owner(s) a letter of authorization must accompany this application)

Attach **Copy of Tax Statement**

Address to send permit _

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measu	rement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)		Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek		Feet
		Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	Feet			
Setback from the South Lot Line	Feet	Setback from Wetland		Feet
Setback from the West Lot Line	Feet	20% Slope Area on the property	☐ Yes	□No
Setback from the East Lot Line	Feet	Elevation of Floodplain	000 0000	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well		Feet
Setback to Drain Field	Feet			
Setback to Privy (Portable, Composting)	Feet			

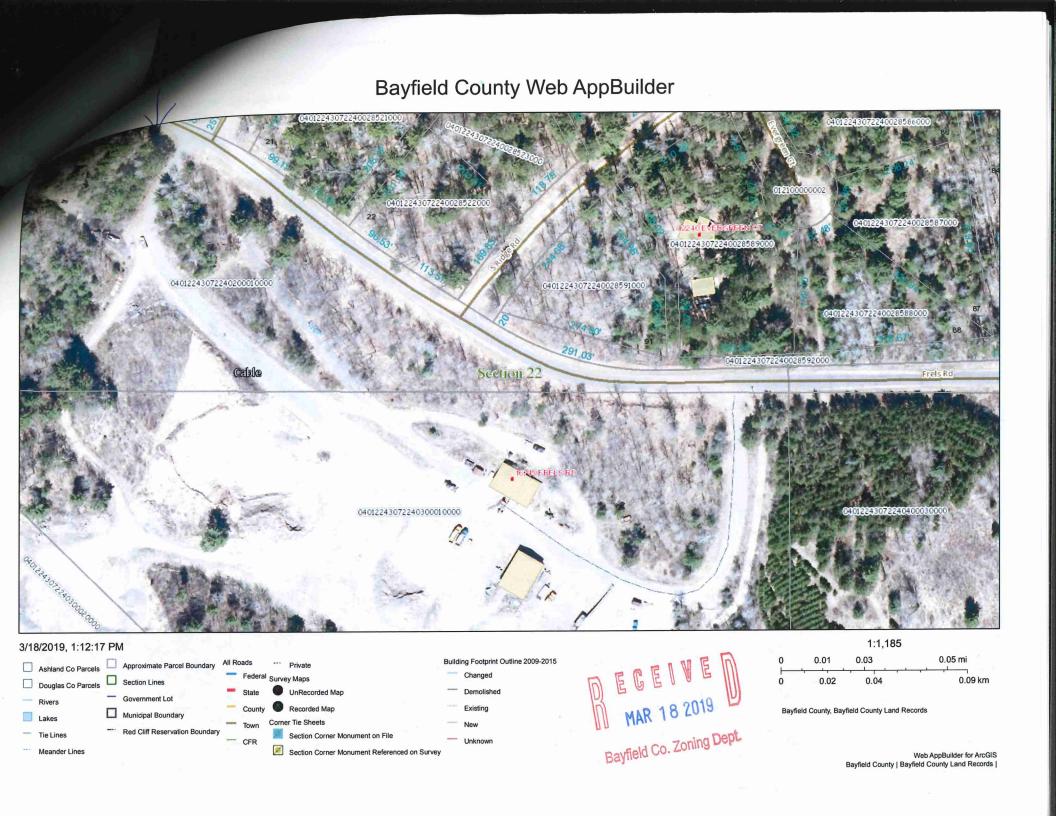
other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 19-0937	Permit Date: 7-23-	19		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Reconsisting Yes (Fused/Contiguation Yes Yes	ious Lot(s)) 🗂 No	Mitigation Required Mitigation Attached		Affidavit Required
Granted by Variance (B.O.A.) ☐ Yes ☑ No Case #:		Previously Granted by ☐ Yes 	Variance (B.O.A.)	#:
		Were Property Line	✓ Yes □ No □ Yes □ No	
Inspection Record:				Zoning District (M)
				Lakes Classification ()
Date of Inspection:	Inspected by:			Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Atta 10-year duration 1 year Toget clarification	ched? Yes No-(If No	they need to be atta	ched.)	
Signature of Inspector:				Date of Approval: 7/17/19
Hold For Sanitary: Hold For TBA:	Hold For Affida	vit: 🗆	Hold For Fees:	



Town, City, Village, State or Federal **Permits May Also Be Required**

LAND USE - Required SANITARY - Required (if applicable w/land use) SIGN -SPECIAL -**CONDITIONAL - X (6/20/2019)** BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Issued To: Town of Cable / Bob Lang, Agent 19-0237 No.

Cable W. Town of Par in N. Range 7 Township 43 Section 22 SE 1/4 **NW** 1/4 of Location:

CSM# Subdivision Block Lot Gov't Lot

For: Approval of Reclamation Plan and expansion of non-metallic mine

(Disclaimer): The Planning and Zoning Department does not authorize the beginning of any construction or land use; you must first obtain land use application(s)/permit card(s) from the Planning and Zoning Department. You (the property owner) shall fulfill the conditions placed by the Board of Adjustment; your recorded affidavit; sanitary (if applicable) and/or any additional requirements placed by this Department. The Planning and Zoning Department requires verification/proof that all conditions have been met. Any future expansions or development would require additional permitting.

Condition(s):10-year duration (expires July 23, 2029). 1 year to get clarification of the West property line (that needs surveying)

Conditional Use permit shall automatically terminate 12 months from its date of issuance if the authorized building activity, land alteration or use has not begun within such time. If your Conditional Use is discontinued for 36 consecutive months, the permit authorizing it shall automatically terminate, and any future use of the building(s) or property to which the permit pertained shall conform to Ordinance.

Changes in plans or specifications shall not be made without obtaining approval from Planning and Zoning Committee. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

July 23, 2019

Date

SUBMIT: COMPLETED APPLICATION, TAX **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138



Permit #:	19-0240
Date:	7-23-19
Amount Paid:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. SPECIAL USE | B.O.A. | OTHER ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE TYPE OF PERMIT REQUESTED ☐ LAND USE City/State/Zip Telephone: ers Name: 114 Family I RREVOCABLE TO Doing & Soudian S. Holo 715798-3611 CABLE, 101,54821 42050 CARGO SUNSE Cell Phone: 42650 CABLE SULLSETTED. Contractor: Contractor Phone: Plumber: Plumber Phone: SAME AS ABOVE Written Authorization Agent Mailing Address (include City/State/Zip): Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Attached ☐ Yes ☐ No Recorded Deed (i.e. # assigned by Register of Deeds)

Document #: 20|| R R53856 | 1065 Tax ID# (4-5 digits) PROJECT Document #: 2011 R **Legal Description**: (Use Tax Statement) 9621 Vol & Page Subdivision: CSM Lot(s) No. Block(s) No. SW 1/4, SW 1/4 55392 Lot Size Acreage Section 23, Township ABLE 40 ACRES Distance Structure is from Shoreline: ☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Is Property in Are Wetlands Floodplain Zone? Creek or Landward side of Floodplain? If yes---continue --> Present? Shoreland -☐ Yes ☐ Yes ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage Distance Structure is from Shoreline: □ No □ No If yes---continue ■ Non-Shoreland Value at Time What Type of of Completion Project # of Stories of Sewer/Sanitary System Water Use include and/or basement Is on the property? bedrooms donated time & City Municipal/City New Construction 1-Story Seasonal 1 (New) Sanitary Specify Type: Well 1-Story + Loft Year Round 2 Addition/Alteration **Sanitary (Exists)** Specify Type: <u>6</u>0 2-Story 3 Conversion Privy (Pit) or Uvaulted (min 200 gallon) Relocate (existing bldg) **Basement** Portable (w/service contract) None No Basement Run a Business on STRUCTURES Property Foundation □ Compost Toilet NO NOUR None Existing Structure: (if permit being applied for is relevant to it) Width: Height: Width: **Proposed Construction:** Square **Dimensions Proposed Structure Proposed Use** Footage X Principal Structure (first structure on property)) Χ Residence (i.e. cabin, hunting shack, etc.)) Χ with Loft (Residential Use χ) with a Porch with (2nd) Porch X) X with a Deck with (2nd) Deck Х X with Attached Garage) Commercial Use

X $\textbf{Bunkhouse} \text{ w/} (\square \text{ sanitary, } \underline{\text{or}} \ \square \text{ sleeping quarters, } \underline{\text{or}} \ \square \text{ cooking \& food prep facilities)}$ () X () Mobile Home (manufactured date) Χ () П Addition/Alteration (specify) ☐ Municipal Use (Χ Accessory Building (specify) Χ) Accessory Building Addition/Alteration (specify) П Special Use: (explain) BORSE Conditional Use: (explain) Other: (explain)

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the

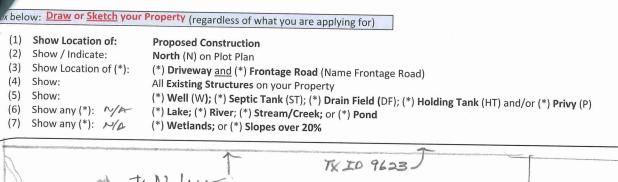
CABCEILUI

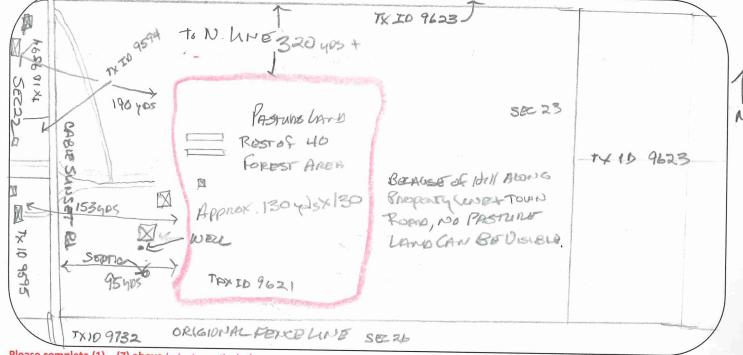
above described property at any reasonable time for the purpose of inspection.	
111 February 1 Tours of the Company	Data 4-26-2019
Owner(s): Holly Family Trust Soviet + Sanorp L. Holly	Date _/
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	
Authorized Agent: SAME AS ABOUT	Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 42650 CABLE SUNSET P.J.

Copy of Tax Statement If you recently purchased the property send your Recorded Deed





Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurer	nent	Description	Measure	ment
Setback from the Centerline of Platted Road	- 95	Feet	Sathack from the Lake (and in a multiple)	. 100	
Setback from the Established Right-of-Way	209	Feet	Setback from the Lake (ordinary high-water mark Setback from the River, Stream, Creek	1) MA	Fee
,	00	1000		MA	Fee
Setback from the North Lot Line	960	Feet	Setback from the Bank or Bluff	MA	Fee
Setback from the South Lot Line	20	Feet	Setback from Wetland		
Setback from the West Lot Line	385	Feet	20% Slope Area on property	MA	Fee
Setback from the East Lot Line	986	Feet	Elevation of Floodplain	Yes	No
Setback to Septic Tank or Holding Tank	180	Feet	Setback to Well		
Setback to Drain Field	195	Feet	Setback to well	150 HA	Fee
Setback to Privy (Portable, Composting)	WIN	Feet	boundary line from which the setback must be measured must be visible for		

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the box construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from orner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be narked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:			
Permit Denied (Date):	Reason for Denial:						
Permit #: 19-0240	Permit Date: 7-2	2-19					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recc Yes (Fused/Contig	uous Lot(s)) 1 No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required Affidavit Attached	□ Yes ☐ No		
Granted by Variance (B.O.A.) ☐ Yes → No Case #:		Previously Granted by	y Variance (B.O.A.) Cas	e #:			
Was Parcel Legally Created Was Proposed Building Site Delineated Was Proposed Building Site Delineated Was Proposed Building Site Delineated) 	Were Property Line	es Represented by Owner Was Property Surveyed				
Inspection Record:				Zoning District Lakes Classificatio	(F-1)		
Date of Inspection:	Inspected by:		STATE OF THE PERSON.	Date of Re-Inspec	tion:		
Condition(s): Town, Committee or Board Conditions Att 2 Horses only for carrent property Owner, Sotbacks for Building + Feedlot as	only per County Or	No they need to be atta	be maintained	dPla			
Signature of Inspector:				Date of Appro	val: 7/12/11		

eity, Village, State or Federal May Also Be Required

LAND USE - Required SANITARY - Required (if applicable w/land use) SIGN -**SPECIAL - X (6/20/2019)** CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.

19-0240

Issued To:

Holly Family Irr Trust

Location:

SW 1/4 of

SW 1/4 Section

23

Township 43

Range 8 N.

W. Town of

Cable

Gov't Lot

Lot

Block

Subdivision

CSM#

For: Residential Other: [Hobby Farm (2 horses)]

The Planning and Zoning Department does not authorize the beginning of any construction or land use; you must first obtain land use application(s)/permit(s) from the Planning and Zoning Department. You (the property owner) shall fulfill the conditions placed by the Planning and Zoning Committee and/or Dept; your recorded affidavit; sanitary (if applicable) and/or any additional requirements placed by this Department. The Planning and Zoning Department requires verification/proof that all conditions have been met. Any future expansions or development would require additional permitting.

Condition(s): 1] Setbacks for Building and Feed Lots as per County Ordinance, must be maintained. 2] Two Horses, only. 3] For Current Property Owner, only.

Special Use permit shall automatically terminate 12 months from its date of issuance if the authorized building activity, land alteration or use has not begun within such time. If your Special Use is discontinued for 36 consecutive months, the permit authorizing it shall automatically terminate, and any future use of the building(s) or property to which the permit pertained shall conform to Ordinance.

Changes in plans or specifications shall not be made without obtaining approval from Planning and Zoning Committee. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

July 23, 2019

Date

ry Building Addition/Alteration (specify

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN





Permit #: 19-0346

Date: 7-26-19

Amount Paid: \$75 7-24-19

Refund:

INSTRUCTIONS: No p Checks are made pay					Bayfi	ield Co. Zoning D	ept.)							
DO NOT START CONS	TRUCTIO	N UNTIL A	ALL PERMITS H	IAVE BEEN ISSUED	TO APP	PLICANT.			FILL C	UT IN II	NK (<mark>NO P</mark>	ENCIL)			
TYPE OF PERMIT F Owner's Name:	REQUEST	ΓED→	LANI	O USE SA	NITAR Maili	Y PRIVY Ing Address:	CONDITI	ONAL US City/State	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NAMED I	L USE	☐ B.O.		THER		
KATHLEE	, A	ind.	DISTAIL	1 -	100		-		le, WI	-00			e: 715-		
Address of Property	:	VCU	20500	1	City/	Box 635 State/Zip:		Cle	ie, wi	>70	801	798-4	7// <i>O</i>		
43160	U.S	5. H	wy 6	3	C	266, W]	5	4821	1						
Contractor: Judah	V	eev	200		Cont 7/5	ractor Phone: 1	Plumber: 7	on A				Plumber F	hone:		
Authorized Agent: (Person Sign	ning Appli	cation on behal	f of Owner(s))	Agen	at Phone:			(include City/Sta	te/Zip):		Written A	uthorization		
1	one	>							**************************************			Attached Ves			
PROJECT	Legal	Descrin	tion: (Use T	ax Statement)	Tax I		2					ment: (Show	wing Ownership)		
LOCATION	a c g c i	Везепр			CCNA	1012				2	0160	uly K	12ed 165471		
SW_1/4,S	W 1	/4	Gov't Lot	Lot(s)	CSM	_	1 Doc#	Lot(s) No.	Block(s) No	Sub	division:	oers t	Cart		
	,		470			Town of:			13	Lot		Acreag			
Section	,Tow	nship	15/1 N, R	ange <u>O</u> 7	W	Cable	2						052		
	☐ Is F	roperty	/Land within	n 300 feet of Riv	ver, Stre	eam (incl. Intermittent)	Distance	Structure	is from Shorel	ine :	Is Prop	orty in	Ava Matlanda		
☐ Shoreland →				of Floodplain?		yescontinue —				_ feet	Floodplai	in Zone?	Are Wetlands Present?		
	☐ Is F	roperty	/Land withir	n 1000 feet of La		nd or Flowage yescontinue	Distance	Structure	is from Shorel	ine : feet	1×		□ Yes ⊠No		
XNon-Shoreland						-			- t	_1000	\ \tag{\tau}		12,110		
V 1															
Value at Time of Completion							# of		V	/hat Ty	pe of		Type of		
* include		Proje	ct	# of Stori	es	Foundation	bedroo	ms	Sewer	/Sanita	ry System	1	Water		
donated time & material							structu	ire	Is or	the p	operty?		property		
	_		ruction			☐ Basement	□ 1		Municipal/Cit				☐ City		
\$ 9,000.00	Add	version	lteration	☐ 1-Story +	Loft	□ Foundation ▶ new	□ 2		(New) Sanita		74				
		to the service of	xisting bldg)	12-Story		PIERS					s) Specify Type: $ST - OF$ Usualted (min 200 gallon)				
			ness on	004 X-5	sist	Use	Non	e 🗆	Portable (w/se	ervice co					
	Pro	perty		DECK		☐ Year Round ■ Season 21			Compost Toil None	et					
Estables Character	115														
Processed Construction		rmit beii	ng applied to	r is relevant to i	t)		0	Wid	ith: / G	/		ight: 4	TACH TO		
			North College					V 13.1			4111	Ro	20 F +:		
Proposed Us	e	1				Proposed Structu	re			I	Dimension	ıs	Square Footage		
~	1	X				cture on property)				(Х)	, Joseph Company		
2			Residence	e (i.e. cabin, hu with Loft	unting	shack, etc.)				(X)			
Residential	Use			with a Porc	:h					1	X X)			
			- 1	with (2 nd) P						(Х)			
			EXISTI	with a Deck	(- tobe	Cou	ere	el + Screr	20 (/		7)	140		
☐ Commercial	Use			with Attach	7-1	rage				(X)			
			Bunkhous			sleeping quarters,	<u>or</u> □ cook	ing & food	prep facilities)	(X).			
						ate)				(X)	1 1		
☐ Municipal U	lse		Addition/	Alteration (s	pecify)					(Х)			
	Accessory Building (specify)							(X)					
			Accessory	, building Add	iition/	Acceration (specify)				(Х)			
			Special Us	se: (explain)						1	Х)			
			Condition	al Use: (explain	n)					(Х)			
			Other: (ex							(Х)			
I (we) declare that this an	oplication /i	ncluding	FAILURE TO	OBTAIN A PERMIT	or STAR	TING CONSTRUCTION V	VITHOUT A P	ERMIT WILL	RESULT IN PENAL	TIES					
(are) responsible for the	detail and a	ccuracy of	all information I	(we) am (are) provid	ing and th	ned by me (us) and to the be nat it will be relied upon by I application. I (we) consent t	Bayfield Count	v in determini	ng whether to issue:	nermit I	(wa) further ac	cont linbilitur	ulatala manu la a a		
property at any reasonab	le time for	the purpos	e of inspection.										Jove described		
Owner(s):	THL.	e en	Hnd	EUSON MI OWNERS THE	Rei	TRUST etter(s) of authorization	an must			Da	te <u>7/2</u>	5/19			
the are are main	I/	/ msteu	- n the Deed I	N Owners must	aign <u>or</u> l	etter(s) or authorization	on must acc	ompany thi	s application)						

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit Po BOX 635, CABLE, WT 54821

Attach
Copy of Tax Statement

		LETE PLOT PLAN ON REVERSE S	SIDE TO THE PROPERTY OF THE PR	
w: <u>Draw</u> or <u>Sketch</u> your Pr	<mark>roperty</mark> (regardless of what you	are applying for)	Eill Out in Inl. NO DENCE	TT.
(2) Show / Indicate: N (3) Show Location of (*): (*) (4) Show: Al	roposed Construction orth (N) on Plot Plan) Driveway <u>and</u> (*) Frontage Ro I Existing Structures on your Pro	pperty	Fill Out in Ink – NO PENC	LL
(6) Show any (*): (*) Well (W); (*) Septic Tank (ST);) Lake; (*) River; (*) Stream/Cre) Wetlands; or (*) Slopes over 2		Tank (HT) and/or (*) Privy (P)	
Cover EXIST Cover EXIST Cover Screen	dej	1.5 hedj	alifornia morth	
(8) Setbacks: (measured to th		KISTING	ns must be approved by the Planning & Zon	
Description	Measurement	Descri	ption Measure	ement
Setback from the Centerline of Platted Road	2/0 Feet	Setback from the Lake (or	dinary high-water mark)	Feet
Setback from the Established Right-of-Way	150ishFeet	Setback from the River, St		Feet
		Setback from the Bank or	10.17.	Feet
Setback from the North Lot Line	/20 Feet		0,1,1	
Setback from the South Lot Line	60 Feet	Setback from Wetland	DNA	Feet
Setback from the West Lot Line	150 Feet	20% Slope Area on the pro	operty	
Setback from the East Lot Line	60 85 Feet	Elevation of Floodplain	FINA	Feet
		· ·	D'LIV	
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	48	Feet
Setback to Drain Field	30 Feet		10	
Setback to Privy (Portable, Composting)	Dn IA Feet			
Prior to the placement or construction of a structure within te other previously surveyed corner or marked by a licensed surv Prior to the placement or construction of a structure more tha one previously surveyed corner to the other previously survey- marked by a licensed surveyor at the owner's expense.	n (10) feet of the minimum required setback, eyor at the owner's expense. n ten (10) feet but less than thirty (30) feet fr	om the minimum required setback, the bound	ary line from which the setback must be measured must be	visible from
,	ocation(s) of New Construction	, Septic Tank (ST), Drain field (DF), <u>Holding Tank (HT), Privy (P)</u> , and Well (W	/). ·
NOTICE: All Lan	d Use Permits Expire One (1) Year fro	om the Date of Issuance if Construction	on or Use has not begun.	
For The Construction Of		L Municipalities Are Required To Enf	T 11 16 P 111 P 1	
	New One & Two Family Dwelling: A	or Fodoral agencies manuales as a	orce The Uniform Dwelling Code.	
You are responsible for complying with state and fed to identify. Failure to comply may result in remova resources wetlands identification web page or conta	The local Town, Village, City, State of eral laws concerning construction near lor modification of construction that	or Federal agencies may also require or on wetlands, lakes, and streams. We violates the law or other penalties or o	permits. Ilands that are not associated with open water can	be difficult of natural

		9.43								
Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:						
Permit Denied (Date):	Reason for Denial:									
Permit #: 19-0246	Permit Date: 7-26	7-19								
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes Yes (Fused/Contigue Yes Yes	ous Lot(s)) 🗷 No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☑ No		☐ Yes ☐ No ☐ Yes ☑ No					
Granted by Variance (B.O.A.) See Yes No Case #:		Previously Granted by Yes No	/ Variance (B.O.A.)	#:						
		Were Property Line	es Represented by Owner Was Property Surveyed	☐ Yes ☐ No ☐ Yes ☐ No						
Inspection Record: OWNER Was at	5.50			Zoning District Lakes Classification	(C)					
Date of Inspection: 7/25/19	Inspected by	de		Date of Re-Inspection	on:					
Condition(s): Town, Committee or Board Conditions Atta	ched? Yes No - (If !	No they need to be atta	ched.)							
Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction if required. Must meet and maintain setbacks. Date of Approval: 1/16/19										
Hold For Sanitary: Hold For TBA: L		end	es: 🗆 🚾	_ □						

Village, State or Federal May Also Be Required

SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Date

No.	19-	0246			Issued	То: Ка	thlee	een Anderson								
Location:	-	1/4	of	_	1/4	Section	18	Township	43	N.	Range	7	W.	Town of	Cable	
Gov't Lot			ı	₋ot	1	Blo	ck	Sul	odivisio	n				CSM# 1	371	

For: Residential Addition / Alteration: [1- Story; Screen in Deck (10' x 14') = 140 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction If required. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

Tracy Pooler

Authorized Issuing Official

July 26, 2019

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT **BAYFIELD COUNTY, WISCONSIN**

Date Stamp (Received) JUL 18 20 19 Permit #: Date: **Amount Paid:** Refund:

INSTRUCTIONS: No p					Bay	field Co. Zoning	Dept.			KET ALTERNATION RELIE		
DO NOT START CONS					TO APP	LICANT.		FILL OU	TIN INK (NO	PENCIL)		
TYPE OF PERMIT F	REQUEST	ED→	☐ LANE	O USE SA	NITAR	PRIVY	CONDITIONA	AL USE SPECIAL	USE B.	O.A. 🗆	OTHE	R
Owner's Name:	11.			-		ng Address:		/State/Zip:		Telepho		1
James -	0 0	bhe	25	-		170 Prone	er Kd C	lable. WI	54821			2.3359
Address of Property		1.0.1	/ P -	1 .		State/Zip:	01	821		Cell Pho		2011
Contractor:	-arai	158	< Roa	а		able, WI	- 54	821				8-940
Epnomy(Savae	çes				729-5106	eamber.			Plumber	Pnone	e:
Authorized Agent:	(Person Sign	ing Appli	cation on behal	f of Owner(s))	Agen	Phone:	Agent Mailing Ad	ddress (include City/State	e/Zip):	Written	0.000,000,000	rization
					jA,				_	Attache ☐ Yes	□ No	
PROJECT LOCATION	Legal I	Descrip	tion: (Use Ta	ax Statement)	Tax II		ACC.	7420002		ocument: (Sh		Ownership)
	2 -	D ₂	Gov't Lot	Lot(s)	CSM	Vol & Page CSN	Doc# Lot(# 38023 (s) No. Block(s) No.	Subdivision		-	11/2
<u>SW</u> 1/4, _	1 1	/4	3077207	201(0)	883			18	Subdivision		90	
Section 18	T	a la tra	43 N.R	ange 7		Town of:	00110		Lot Size	Acrea	ige	
Section (B)	, Town	isnip _	N, R	ange	w	Caple			450 x30	1.9		3
	. ☐ Is P	roperty	/Land within	n 300 feet of Ri	er, Stre	am (incl. Intermittent)	Distance Stru	ucture is from Shorelin	e: Is yo	ur Property	Arc	Wetlands
☐ Shoreland —		or Lan	dward side o	of Floodplain?	If y	escontinue>			feet in I	loodplain Zone?		Present?
	☐ Is P	roperty	/Land withir	n 1000 feet of L		nd or Flowage escontinue	Distance Stru	ucture is from Shorelin	e : feet	☐ Yes	- 1	☐ Yes ☐ No
Non-Shoreland									rect	™ No		
Value at Time of Completion							Total # of	WI	nat Type of			Type of
* include		Proje	ct	# of Stor	ies	Foundation			Sanitary Sys	tem		Water
donated time & material							property	is on	the property	/?		on property
	New	/ Const	truction	1-Story	n'u in e	☐ Basement	□ 1	Municipal/City				☐ City
\$ 5 0 000			Alteration			☐ Foundation	☐ 2 ☐ (New) Sanitary		/ Specify Type:			● Well
30,000	☐ Con			☐ 2-Story		Slab	3	, , , , , , , , , , , , , , , , , , , ,			_	
			xisting bldg) ness on			Use	□ None	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon) ☐ Portable (w/service contract)				
	1-	erty				● Year Round ☐ Compost To						
								□ None				
Existing Structur	e: (if per	mit bei	ng applied fo	r is relevant to	it)	Length:		Width:		Height:		
Proposed Constr	uction:					Length: 3	Ó	Width: 36	b'	Height:	14	
									Physical	32 (30)	S	quare
Proposed Us	se	1				Proposed Structu	re		Dimens	sions		ootage
	-					ture on property)			(X)		
			Kesidence	e (i.e. cabin, h with Loft	unting	snack, etc.)			(x)		
Residential	Use			with a Por	ch				(X)		
	1			with (2 nd) I					(X)		
*				with a Dec					(X)		
□. Commercia	l Use			with (2 nd) I with Attac		rage			(X)		
٠			Bunkhou			4	or \square cooking δ	& food prep facilities)	(X	1.		
	Ì					te)		a rood prep raemeres,	(X	.)	+	4
☐ Addition/Alteration									(x			
☐ Municipal Use ☐ Accessory Building			y Building (pecify)	<u>earabe</u>			136 x				
			Accessor	y Building Ad	dition//	Alteration (specify			(X)	/	
												i
	☐ Special Use: (explain)								(X)		
			Lance of the second		in)			(X				
				xplain)					(x)		
I (we) declare that this	application (i	ncluding a	ny accompanyin	g information) has b	en examir	ed by me (us) and to the b	est of my (our) know	IT WILL RESULT IN PENALT reledge and belief it is true, corre	ect and complete.	l (we) acknowle	dge that	l (we) am
result of Bayfield Coun	ty relying on	this infor	mation I (we) am	(are) providing in o	ging and the with this a	at it will be relied upon by application. I (we) consent t	Bayfield County in de to county officials ch	etermining whether to issue a parged with administering coun	permit. I (we) furt ty ordinances to h	her accept liabili ave access to th	ty which e above	may be a described
property at any reasona	The office 101	ane purpo	as of hispection.	Ab 1	0				1	- lo-	- 19	7

(If there are Multiple Owners listed on the Deed All Owners must/sign or letter(s) of authorization must accompany this application)

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Authorized Agent:

Address to send permit _

Date_

box below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL Show Location of: **Proposed Construction** (2)Show / Indicate: North (N) on Plot Plan (3)Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (6)Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7)Show any (*): (*) Wetlands; or (*) Slopes over 20% 200 40 Andysek

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement			Description	Measurement		
Setback from the Centerline of Platted Road	150	Feet		Setback from the Lake (ordinary high-water mark)	Feet		
Setback from the Established Right-of-Way	750	Feet		Setback from the River, Stream, Creek	Feet		
				Setback from the Bank or Bluff	Feet		
Setback from the North Lot Line	270	Feet			9		
Setback from the South Lot Line	140	Feet		Setback from Wetland	Feet		
Setback from the West Lot Line	144	Feet		20% Slope Area on the property	☐ Yes ☐ No		
Setback from the East Lot Line	134	Feet		Elevation of Floodplain	Feet		
Setback to Septic Tank or Holding Tank		Feet		Setback to Well	Feet		
Setback to Drain Field		Feet		H.			
Setback to Privy (Portable, Composting)		Feet					

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Enderal agencies may also require permits.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:				
Permit Denied (Date):	Reason for Denial:							
Permit #: 19-0253	Permit Date: 7-2	7-19						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes Yes	ous Lot(s)) 🗹 No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required ☐ Yes ✓ No Affidavit Attached ☐ Yes ✓ No				
Granted by Variance (B.O.A.) ☐ Yes ✓No Case #:		Previously Granted b	y Variance (B.O.A.) Case	#:				
Was Proposed Building Site Delineated Yes No		Were Property Line	es Represented by Owner Was Property Surveyed	☐ Yes ☐ No ☐ No ☐ No				
Inspection Record: 5, te is proped to	talled bewell district	- oking stacene	ent now to line	Zoning District (R-/) Lakes Classification (-)				
Date of Inspection: 1/25/19	Inspected by:	Date of Re-Inspection:						
Condition(s): Town, Committee or Board Conditions Attack Signature of Inspector:	Condition: May	not be used for all applicable zoning/	human	Date of Approval: 7/29/19				
Hold For Sanitary: 🗌 Hold For TBA: 🗎 _		<u> </u>	Rold for Level .					

City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY - City
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-0253			Issue	Issued To: James & Donna Hughes										
Location:		1/4	of	_	1/4	Section	18	Township	43	N.	Range	7	W.	Town of	Cable
Gov't Lot	t Lot			1	Blo	ock	Subdivision				CSM# 2089				

For: Residential Accessory Structure: [1-Story; Garage (36' x 30') = 1,080 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): May not be used for human habitation unless all applicable zoning / sanitary & UDC codes are fully met.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

July 29, 2019

Date